REMARKS/ARGUMENTS

Claims 1-16 remain pending. The claims continue to be rejected over the Vigil '392 patent in view of the Ungs '561 patent. Applicants continue to traverse such rejections.

Applicants believe that the Examiner may have misunderstood the arguments made in the previous Response filed on November 20, 2006. In particular, the Examiner has responded to those arguments as follows:

> *Applicant's arguments . . . have been fully considered but they are not persuasive. The endothelial is the innermost layer of the blood vessel. If using a shorter needle, it would reach the outer layers surrounding the blood vessel wall, not the inner layers of the blood vessel. The method currently as claimed does not require the injection to be from within the blood vessel, so if the injection were from outside of the blood vessel into the adventitia, then the claim limitation is met."*

Applicants do not disagree that at least the broadest pending claims are not limited to the direction from which the injection occurs. Nonetheless, even the broadest claims require that the injection be made into the "peri-vascular space or the adventitia surrounding the blood vessel wall." The Vigil '392 patent relied on by the Examiner simply fails to disclose a device which would deliver drugs into either the peri-vascular space or the adventitia. The catheter of Vigil is clearly intended only for intravascular use, and the length of the injectors is not disclosed to be sufficient to reach either the adventitia or the perivascular space. Thus, the Examiner's reliance on Vigil is insufficient to meet the key requirement of claim 1 of the present application that the estrogen be injected into the carefully defined target regions in the claims.

Second, the Examiner's assertion that the claims "do not require the injection to be from within the blood vessel" is simply incorrect. While claim 1 may not have such a requirement, dependent claim 10 clearly does. If the Examiner has refrained from considering the earlier presented arguments because of this perceived lack, the Examiner is requested to now fully consider the arguments since the claims clearly set forth that the injection in at least some instances is to be from within the blood vessel.

Finally, the Examiner has not even responded to the earlier arguments that one skilled in the art would not combine the teachings of Ungs with those of Vigil or any other prior art teaching vascular injection catheters. To reiterate, Ungs specifically teaches that estrogens are useful for inducing **angiogenesis** in blood vessels by delivering estrogens into the blood vessel walls, not into the adventitia or the peri-vascular spaces surrounding the blood vessels. Based on the teachings of Ungs, one skilled in the art would not have advanced a needle into and/or beyond the adventitia since that was not the desired target of its activity. The present invention, in contrast, specifically relies on delivering the estrogens to the perivascular space or the adventitia for the purpose of **inhibiting vascular hyperplasia**, not for angiogenesis (inducing blood vessel growth). In view of this difference in intended purpose, one skilled in the art would not look to Ungs to modify the teachings of Vigil.

For all these reasons, Applicants continue to believe that the present rejections are unsound and request that they be withdrawn and that the application be passed to issue at an early date.

If for any reason the Examiner believes that a telephone conference would in any way expedite prosecution of the subject application, the Examiner is invited to telephone the undersigned at 650-326-2400.

Respectfully submitted,

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